

## DELAWARE CORRECTIONAL CENTER ---- MEMORANDUM

TO: Inmate Shane Hopkins, SBI# 253918, Housing Unit 21  
 VIA: Counselor Schroeder  
 FROM: I.B.C.C.  
 DATE: 12/29/04  
 RE: Classification Results

Your M.D.T. has recommended you for the following: Med, Thresholds, AUP

---



---

The I.B.C.C.'s decision is to:

- Approve Med HC, MH, TM/HU Program  
 Not Approve Med, Thresholds, AUP  
 Defer \_\_\_\_\_  
 Recommend \_\_\_\_\_  
 Not Recommend \_\_\_\_\_

**BECAUSE:**

- |  |  |
|--|--|
| <input type="checkbox"/> Lack of program participation   | <input type="checkbox"/> Time remaining on sentence      |
| <input type="checkbox"/> Pending disciplinary action   | <input type="checkbox"/> Prior failure under supervision |
| <input type="checkbox"/> Gradual phasing indicated   | <input type="checkbox"/> Poor institutional adjustment   |
| <input type="checkbox"/> Open charges  | <input type="checkbox"/> Serious nature of offense       |
| <input type="checkbox"/> Prior criminal history  |  |
| <input type="checkbox"/> Failure to follow your treatment plan in that you _____   |  |
| <br>_____  |  |
| <input type="checkbox"/> You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____ |  |

**OTHER:** Rev 6/07

---



---

**ADDITIONAL COMMENTS:**

- Develop/continue treatment plan with counselor

You will be expected to address the following:

---



---

Copy to: Classification  
 Inmate  
 Institution File

Form #456  
 Revised 11/97

D00314

## Routine Classification

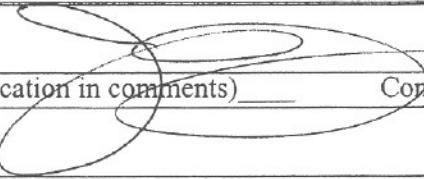
M Finance Review

Form # 908

Name Hopkins, ShareCommunity/Minimum  
Risk Assessment Scale: -2 to 04Minimum  
05 - 08SBI#: 253918Medium  
09 - 16Maximum  
17 or more11Override:  Yes  No If yes, briefly specify reason: \_\_\_\_\_

Mandatory Policy Override Removal Approved By Warden/Designee \_\_\_\_\_

	Present	ICB or MDT Recommendation	IBCC Recommendation/ Decision	CICB Recommendation/ Decision	IRCB Decision
Security	Max	Med	<u>Denied</u> Approved Mod HC		
Housing	21				
Job					
Education					
Therapy		Thresholds App Denied			
Other		<del>App</del> M.H.	App		
Other					
Next Review Date		Month Year <u>06/07</u>	Month Year <u>6/07</u>	Month Year <u>/ /</u>	

MDT or ICB MEMBERS PRESENT <u>Thomas Seacord &amp; S. Schneider</u>	Vote: <u>2-0</u> Abstention:
MDT or ICB CHAIRPERSON <u>Thomas J. Seacord</u>	Date: <u>12/11/06</u>
MDT or ICB COMMENTS	
IBCC CHAIRPERSON 	Date: <u>12/29/06</u> Vote: <u>40</u> Abstention:
Override (include justification in comments)	Comments:
CICB CHAIRPERSON	Date:
Override (include justification in comments)	Comments:
IRCB CHAIRPERSON	Date:
Override (include justification in comments)	Comments:
Approved: Disapproved:	
D00315	

**DELAWARE DEPARTMENT OF CORRECTION  
RECLASSIFICATION FORM (WOMEN AND MEN)**

**FORM # 955 (3pt).**

OFFENDER NAME: Hopkins Shane SBI #: 253918 DOB: 10/15/73 DATE: 12/15/06  
LAST FIRST MIDDLE INITIAL  
INSTUTION: DCC Prior Classification Date: 8/16/06  
CURRENT SECURITY: Community/Minimum Minimum Medium A Maximum  
SENTENCE LENGTH: 160-180 EFF. DATE: 3/17/05 STRD: 7/24/09 PED: ++ TIS: X NON-TIS:

## RISK REASSESSMENT

SEVERITY OF CURRENT OFFENSE FOR WHICH INCARCERATED Burglary 2<sup>nd</sup>  
Low Severity ..... 0  
Moderate Severity ..... 2  
High Severity ..... 4  
Highest Severity ..... 6

**OTHER OFFENSES/BAIL STATUS** Other Offenses(s)/Bail Amount: None  
None or pending probation violation, outstanding misdemeanors, or bail below \$5,000 ..... 0  
Active Federal, including Immigration and Naturalization Service and/or State warrant or charge(s) with bail of 5,000 to \$49,999 .. 2  
Pending charges without bail (not a bailable offense, include Violation of Parole) or bail of \$50,000 or more ..... 4

**ESCAPE/FAILURE TO APPEAR (FTA) HISTORY**      Escape History: None \_\_\_\_\_  
 (date and type/class)

None or one or more incidents of FTA (capias issued) or military AWOL .....	0
Walk-off from work release, furlough, Delaware Psychiatric Center, community and/or outside job assignment, courtrooms, police (city, state, military, etc.), Recovery Center <u>within the past 3 years</u> .....	2
Attempted escape from a secure correctional institution <u>within the past 5 years</u> or escape from a secure facility <u>ten + years ago</u> ..	3
Escape from a secure correctional institution within the past ten years .....	5

**CURRENT AGE** Current Age: 33

Age 39+	0
Age 23 years or less	1
Age 28-38	2
Age 24 - 27	3

**SEVERITY OF CRIMINAL HISTORY IN THE LAST TEN (10) YEARS**   Most Serious Prior Felony Conviction None

No prior conviction .....	0
Low Severity conviction .....	0
Moderate Severity conviction .....	2
High Severity conviction .....	3
Highest Severity conviction .....	4

**NUMBER OF CLASS I/MAJOR DISCIPLINARY FINDINGS OF GUILT** (within the past eighteen months) None 0  
1 Disciplinary Finding of Guilt 4/29/06 - PDX 2  
2 - 3 Disciplinary Findings of Guilt 1/17/05 - PDX 3  
4+ Disciplinary Findings of Guilt  5  
Actual Number of Class I Disciplinary Findings:

**INSTITUTIONAL MISCONDUCT HISTORY** (Consider institutional reports during last 5 years)

First incarceration or no prior Major/Class I Institutional Reports .....	0
Major/Class I - Non Predatory Institutional Misconduct Report > 36months .....	1
Major/Class I - Non Predatory Institutional Misconduct Report within last 36 months or Predatory/Assaultive > 36mths .....	3
Major/Class I - Predatory/Assaultive Institutional Misconduct Report w/in 13 - 36 months .....	5
Major/Class I - Predatory/Assaultive Institutional Misconduct Report within past 12 months .....	7
Most Serious Institutional Misconduct Report: <u>Assault on staff</u>	<u>5</u>
Date of Most Serious Misconduct Report: <u>11/04</u>	

D00316

Form # 957.

**PERFORMANCE IN TREATMENT PROGRAMS/WORK ASSIGNMENTS**

Completed all recommended program(s) AND is currently working .....	Program Status: <u>on list</u>	-2
Completed some programs, is working and on waiting list for other recommended programs .....		-1
Enrolled in recommended program or no treatment recommended and is working .....		.0
Medically discharged/excused or successfully completed all recommended programs.....		.0
On waiting list for recommended program and work, due to lack of availability.....		.0
Dropped out or failed to complete or was dismissed from program and/or work prior to completion.....		.2
Unsuccessful (refused work and/or program participation) .....		.3

**RISK ASSESSMENT SCORE SUBTOTAL:** 12**SUPPLEMENTAL SCORING/TIME REMAINING: (to be applied in all cases where less than ten (10) years have been served)**

<u>Has served at least 10 years</u> .....	0
Up to 4.99 years remaining to be served .....	1
5 to 9.99 years remaining to be served.....	2
10 to 14.99 years remaining to be served.....	3
15 or more years remaining to be served .....	4

**FINAL RISK ASSESSMENT SCORE TOTAL: (Risk Assessment Score Subtotal plus Supplemental Score)**

Risk Assessment Scale: <u>Community/Minimum</u>	<u>Minimum</u>	<u>Medium</u>	<u>Maximum</u>
02 to 04	05 - 08	09 - 16	17 or more

12**Preliminary Security Level (Check scored security level)**

Community/Minimum       Minimum       Medium       Maximum

**OVERRIDES:****Mandatory Policy Overrides (MPO)**

- Prior escapes (requires Maximum Security placement)  
 Prior staff assaults (requires Maximum Security placement)  
 240 or more months remaining to serve (placement cannot go below Medium)  
 Offense is rated Highest Severity (placement cannot go below Medium)

**Discretionary Overrides (Increase level)**

- Pattern of assaultive/predatory behavior in institutions and/or the community  
 Documented membership in security threat group  
 Protective Custody/Need for separation  
 Pending disciplinary actions  
 Mental/Medical issues  
 Other

**Discretionary Overrides (decrease level)**

- Time remaining to serve  
 Need for transition  
 Other

Justification for override(s):

---



---



---

**Recommended Security Level (Check recommended security level)**

Community/Minimum       Minimum       Medium       Medium/MPO       Maximum       Maximum/MPO

Comments: Ym has a staff assault that is over 2 years old and has had no physical altercations since. Medium ~~high~~ Security seems appropriate

Sarah Schadrack

Correctional Worker

Date

12/18/00**Supervisor Signature and Comments**

Classification Officer/Unit Supervisor (signature required for overrides; optional for other decisions)

Date

Comments: \_\_\_\_\_

D00317

DELAWARE DEPARTMENT OF CORRECTION  
RECLASSIFICATION FORM (WOMEN AND MEN)

FORM # 955 (3pt).

OFFENDER NAME: Hopkins Share SBI #: 253918 DOB: 10/13/73 DATE: 8/10/06  
 LAST FIRST MIDDLE INITIAL

INSTITUTION: DCC Prior Classification Date: 7/14/05

CURRENT SECURITY: Community/Minimum Minimum Medium  Maximum

SENTENCE LENGTH: 161 mos EFF. DATE: 3/7/05 STRD: 7/29/09 PED: 11 TIS:  NON-TIS:       

## RISK REASSESSMENT

SEVERITY OF CURRENT OFFENSE FOR WHICH INCARCERATED Burglary 2nd

Low Severity .....	0
Moderate Severity .....	2
High Severity .....	4
Highest Severity.....	6

2

## OTHER OFFENSES/BAIL STATUS

Other Offenses(s)/Bail Amount: None

None or pending probation violation, outstanding misdemeanors, or bail below \$5,000 .....	0
Active Federal, including Immigration and Naturalization Service and/or State warrant or charge(s) with bail of 5,000 to \$49,999 .....	2
Pending charges without bail (not a bailable offense, include Violation of Parole) or bail of \$50,000 or more .....	4

0

## ESCAPE/FAILURE TO APPEAR (FTA) HISTORY

Escape History: None

(date and type/class)

None or one or more incidents of FTA (capias issued) or military AWOL .....	0
Walk-off from work release, furlough, Delaware Psychiatric Center, community and/or outside job assignment, courtrooms, police (city, state, military, etc.), Recovery Center <u>within the past 3 years</u> .....	2
Attempted escape from a secure correctional institution <u>within the past 5 years</u> or escape from a secure facility <u>ten + years ago</u> .....	3
Escape from a secure correctional institution <u>within the past ten years</u> .....	5

0

## CURRENT AGE

Current Age: 32

Age 39+ .....	0
Age 23 years or less .....	1
Age 28-38 .....	2
Age 24 - 27 .....	3

2

## SEVERITY OF CRIMINAL HISTORY IN THE LAST TEN (10) YEARS Most Serious Prior Felony Conviction

No prior conviction .....	0
Low Severity conviction .....	0
Moderate Severity conviction.....	2
High Severity conviction .....	3
Highest Severity conviction .....	4

0

## NUMBER OF CLASS I/MAJOR DISCIPLINARY FINDINGS OF GUILT (within the past eighteen months)

None .....	0
1 Disciplinary Finding of Guilt .....	2
2 - 3 Disciplinary Findings of Guilt .....	3
4+ Disciplinary Findings of Guilt .....	5

8

Actual Number of Class I Disciplinary Findings: \_\_\_\_\_

## INSTITUTIONAL MISCONDUCT HISTORY (Consider institutional reports during last 5 years)

First incarceration or no prior Major/Class I Institutional Reports .....	0
Major/Class I - Non Predatory Institutional Misconduct Report > 36months .....	1
Major/Class I - Non Predatory Institutional Misconduct Report within last 36 months or Predatory/Assaultive ≥ 36mths.....	3
Major/Class I - Predatory/Assaultive Institutional Misconduct Report w/in 13 - 36 months .....	5
Major/Class I - Predatory/Assaultive Institutional Misconduct Report within past 12 months.....	7
Most Serious Institutional Misconduct Report: <u>Staff assault</u>	
Date of Most Serious Misconduct Report: <u>11/26/04</u>	

5

D00318

**PERFORMANCE IN TREATMENT PROGRAMS/WORK ASSIGNMENTS**

Program Status: \_\_\_\_\_

- Completed all recommended program(s) AND is currently working ..... -2  
 Completed some programs, is working and on waiting list for other recommended programs ..... -1  
 Enrolled in recommended program or no treatment recommended and is working ..... .0  
 Medically discharged/excused or successfully completed all recommended programs ..... .0  
 On waiting list for recommended program and work, due to lack of availability ..... .0  
 Dropped out or failed to complete or was dismissed from program and/or work prior to completion ..... 2  
 Unsuccessful (refused work and/or program participation) ..... 3

O

**RISK ASSESSMENT SCORE SUBTOTAL:** 11**SUPPLEMENTAL SCORING/TIME REMAINING: (to be applied in all cases where less than ten (10) years have been served)**

- Has served at least 10 years ..... 0  
 Up to 4.99 years remaining to be served ..... 1  
 5 to 9.99 years remaining to be served ..... 2  
 10 to 14.99 years remaining to be served ..... 3  
 15 or more years remaining to be served ..... 4

1

**FINAL RISK ASSESSMENT SCORE TOTAL: (Risk Assessment Score Subtotal plus Supplemental Score)**12

<b>Risk Assessment Scale:</b> Community/Minimum	<u>02 to 04</u>	<u>Minimum</u>	<u>Medium</u>	<u>Maximum</u>
		<u>05 - 08</u>	<u>09 - 16</u>	<u>17 or more</u>

**Preliminary Security Level (Check scored security level)**

Community/Minimum       Minimum       Medium       Maximum

**OVERRIDES:****Mandatory Policy Overrides (MPO)**

- Prior escapes (requires Maximum Security placement)  
 Prior staff assaults (requires Maximum Security placement)  
 240 or more months remaining to serve (placement cannot go below Medium)  
 Offense is rated Highest Severity (placement cannot go below Medium)

**Discretionary Overrides (increase level)**

- Pattern of assaultive/predatory behavior in institutions and/or the community  
 Documented membership in security threat group  
 Protective Custody/Need for separation  
 Pending disciplinary actions  
 Mental/Medical issues  
 Other

**Discretionary Overrides (decrease level)**

- Time remaining to serve  
 Need for transition  
 Other

**Justification for override(s):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_**Recommended Security Level (Check recommended security level)**

Community/Minimum       Minimum       Medium       Medium/MPO       Maximum       Maximum/MPO

Comments: Staff assault 11/04, must remain in max until at least 11/06  
 \_\_\_\_\_  
 \_\_\_\_\_

Sarah Schrader

Correctional Worker

8/16/06**Supervisor Signature and Comments**

Classification Officer/Unit Supervisor (signature required for overrides; optional for other decisions)

Comments: \_\_\_\_\_

8/29/06

D00319

Name: Hopkins, Shane

SBI#: 253918

Community/Minimum  
-2 to 04Minimum  
05 - 08Medium  
09 - 16Maximum  
17 or more

Risk Assessment Scale:

12

Override:  Yes No

If yes, briefly specify reason: Staff Assault 11/04

Mandatory Policy Override Removal Approved By Warden/Designee

	Present	ICB or MDT Recommendation	IBCC Recommendation/Decision	CICB Recommendation/Decision	IRCB Decision
Security	Max	Cont	Appd		
Housing	21				
Job					
Education					
Therapy		Max Prog.			
Other		M. H. Groups	✓		
Other					
Next Review Date		Month 08 Year 07	Month 8 Year 07	Month / Year /	

MDT or ICB MEMBERS PRESENT	LTS Second & counselor Schrader	Vote: 2 - 0 Abstention:
MDT or ICB CHAIRPERSON	LTS Second	Date: 8/16/06
MDT or ICB COMMENTS		

IBCC CHAIRPERSON	Comments:	Date: 8/29/06	Vote: 4 - 0 Abstention:
Override (include justification in comments) MPO - Staff assault 11/04			

CICB CHAIRPERSON	Date:	Vote: Abstention:
Override (include justification in comments)		

IRCB CHAIRPERSON:	Date:	Approved: Disapproved:
Override (include justification in comments) D00320		

**DELAWARE CORRECTIONAL CENTER — MEMORANDUM**

TO: Inmate Hopkins, Shane, SBI# 253918, Housing Unit 21  
 VIA: Counselor Schrader  
 FROM: I.B.C.C.  
 DATE: 08/22/06  
 RE: Classification Results

Your M.D.T. has recommended you for the following:

Cont. Max,  
Max Programs, MH Groups

The I.B.C.C.'s decision is to:

- Approve \_\_\_\_\_  
 Not Approve \_\_\_\_\_  
 Defer \_\_\_\_\_  
 Recommend \_\_\_\_\_  
 Not Recommend \_\_\_\_\_

**BECAUSE:**

- |  |  |
|--|--|
| <input type="checkbox"/> Lack of program participation                           | <input type="checkbox"/> Time remaining on sentence      |
| <input type="checkbox"/> Pending disciplinary action                             | <input type="checkbox"/> Prior failure under supervision |
| <input type="checkbox"/> Gradual phasing indicated                               | <input type="checkbox"/> Poor institutional adjustment   |
| <input type="checkbox"/> Open charges  | <input type="checkbox"/> Serious nature of offense       |
| <input type="checkbox"/> Prior criminal history                                  |  |
| <input type="checkbox"/> Failure to follow your treatment plan in that you _____ |  |

- You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: \_\_\_\_\_

OTHER: Rev 8/07

**ADDITIONAL COMMENTS:**

- Develop/continue treatment plan with counselor

You will be expected to address the following:

Copy to:  
 Classification  
 Inmate  
 Institution File

Form #456  
 Revised 11/97

D00321

## DELAWARE CORRECTIONAL CENTER ---- MEMORANDUM

Appendix E

TO: Inmate Shane Hopkins, SBI# 253918, Housing Unit SHU  
 VIA: Counselor Zenola  
 FROM: I.B.C.C.  
 DATE: 8/2/05  
 RE: Classification Results

Your M.D.T. has recommended you for the following: Cent max/max Programs

---



---

The I.B.C.C.'s decision is to:

- Approve \_\_\_\_\_  
 Not Approve \_\_\_\_\_  
 Defer \_\_\_\_\_  
 Recommend \_\_\_\_\_  
 Not Recommend \_\_\_\_\_

**BECAUSE:**

- |  |  |
|--|--|
| <input type="checkbox"/> Lack of program participation                           | <input type="checkbox"/> Time remaining on sentence      |
| <input type="checkbox"/> Pending disciplinary action                             | <input type="checkbox"/> Prior failure under supervision |
| <input type="checkbox"/> Gradual phasing indicated                               | <input type="checkbox"/> Poor institutional adjustment   |
| <input type="checkbox"/> Open charges  | <input type="checkbox"/> Serious nature of offense       |
| <input type="checkbox"/> Prior criminal history                                  |  |
| <input type="checkbox"/> Failure to follow your treatment plan in that you _____ |  |
- 

You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: \_\_\_\_\_

---

OTHER: 8/10/06

Assault 11/04

---

**ADDITIONAL COMMENTS:**

- Develop/continue treatment plan with counselor

You will be expected to address the following: \_\_\_\_\_

---



---

Copy to: Classification  
 Inmate  
 Institution File

Form #456  
 Revised 11/97

D00322

Name: Hopkins, ShawCommunity/Minimum  
-2 to 04      Minimum  
05 - 08SBI#: 3918Risk Assessment Scale: Medium      Maximum  
09 - 16      17 or more13Override:  Yes     No    If yes, briefly specify reason: 11/26/04 Assault

Mandatory Policy Override Removal Approved By Warden/Designee

	Present	ICB or MDT Recommendation	IBCC Recommendation/ Decision	CICB Recommendation/ Decision	IRCB Decision
Security	Max	Max	Appd		
Housing	SHU				
Job			1		
Education					
Therapy	Max programs	Max programs	✓		
Other					
Other					
Next Review Date		Month 10 / 05	Year 8 / 06	Month 1	Year

MDT or ICB MEMBERS PRESENT	<u>LT. Porter, T. Zanda</u>	Vote: Abstention:
MDT or ICB CHAIRPERSON	<u>LT. R. Porter</u>	Date: <u>07/15/05</u>

MDT or ICB COMMENTS	

IBCC CHAIRPERSON	<u>J. D.</u>	Date: <u>8/2/05</u>	Vote: <u>30</u> Abstention:
Override (include justification in comments)	Comments:		

CICB CHAIRPERSON		Date:	Vote: Abstention:
Override (include justification in comments)	Comments:		

IRCB CHAIRPERSON:		Date:	Approved: Disapproved:
Override (include justification in comments)	Comments:		

D00323

DELAWARE DEPARTMENT OF CORRECTION  
RECLASSIFICATION FORM (WOMEN AND MEN)

FORM # 955 (3 pt.)

OFFENDER NAME: Hopkins, Shane SBI #: 253918 DOB: 10/05/73 DATE: 07/14/05  
 LAST FIRST MIDDLE INITIAL

INSTITUTION: OCC Prior Classification Date: 05/03/05

CURRENT SECURITY: Community/Minimum Minimum Medium  Maximum

SENTENCE LENGTH: 16 - 1 EFF. DATE: 03/07/95 STRD: 07/24/09 PED: -/-/- TIS:  NON-TIS: \_\_\_\_\_

## RISK REASSESSMENT

## SEVERITY OF CURRENT OFFENSE FOR WHICH INCARCERATED Current Offense (include other State, if applicable)

Low Severity .....	0
Moderate Severity .....	2
High Severity .....	4
Highest Severity .....	6

Burglary 2nd2

## OTHER OFFENSES/BAIL STATUS

None or pending probation violation, outstanding misdemeanors, or bail below \$5,000 .....	0
Active Federal, including Immigration and Naturalization Service and/or State warrant or charge(s) with bail of 5,000 to \$49,999 .....	2
Pending charges without bail (not a bailable offense, include Violation of Parole) or bail of \$50,000 or more .....	4

NJ Detainer2

## ESCAPE/FAILURE TO APPEAR (FTA) HISTORY

Other Offenses(s)/Bail Amount: NJ Detainer  
 (date and type/class)

None or one or more incidents of FTA (capias issued) or military AWOL .....	0
Walk-off from work release, furlough, Delaware Psychiatric Center, community and/or outside job assignment, courtrooms, police (city, state, military, etc.), Recovery Center <u>within the past 3 years</u> .....	2
Attempted escape from a secure correctional institution <u>within the past five years</u> or escape from a secure facility <u>ten + years ago</u> .....	3
Escape from a secure correctional institution <u>within the past ten years</u> .....	5

None0

## CURRENT AGE

Current Age: 31

Age 39+ .....	0
Age 23 years or less .....	1
Age 28-38 .....	2
Age 24 - 27 .....	3

2

## SEVERITY OF CRIMINAL HISTORY IN THE LAST 5 YEARS

Most Serious Prior Conviction (include Level I-IV, other States): None

No prior conviction .....	0
Low Severity conviction .....	0
Moderate Severity conviction .....	2
High Severity conviction .....	3
Highest Severity conviction .....	4

0

## NUMBER OF CLASS I/MAJOR DISCIPLINARY FINDINGS OF GUILT (since initial or last regular reclassification)

None .....	0
1 Disciplinary Finding of Guilt .....	2
2 - 3 Disciplinary Findings of Guilt .....	3
4+ Disciplinary Findings of Guilt .....	5

0Actual Number of Class I Disciplinary Findings: None

## INSTITUTIONAL MISCONDUCT HISTORY (Consider institutional reports during last 5 years.)

First incarceration or no prior Major/Class I Institutional Reports .....	0
Major/Class I - Non Predatory Institutional Misconduct Report > 37months .....	1
Major/Class I - Non Predatory Institutional Misconduct Report within last 36 months or Predatory/Assaultive > 37mths .....	3
Major/Class I - Predatory/Assaultive Institutional Misconduct Report w/in 13 - 36 months .....	5
Major/Class I - Predatory/Assaultive Institutional Misconduct Report within past 12 months .....	7

7

Most Serious Institutional Misconduct Report:

Date of Most Serious Misconduct Report:

ASSAULT  
11/26/04

D00324